

📍 Located at: Sandwell, 25 High Street, West Bromwich, B70 6PJ

✉ Email: [reception@westbromsmilecentre.co.uk](mailto:reception@westbromsmilecentre.co.uk)

☎ Phone: 0121 553 2438

➡️ WhatsApp: 07882 003281

**Referring Practice Information**

Practice Name:

---

Practice Address:

---

Referring Dentist Name:

---

Contact Number:

---

Email Address:

---

**Patient Information**

Full Name:

---

Email Address:

---

Date of Birth:

---

Address:

---

Contact Number:

---

---



## THE D:NTAL CLINIC

West Brom Smile Centre

### REFERRAL FORM

#### Reason for Referral

(Please tick the relevant box and provide any specific details if needed)

- ☐ Endodontics
- ☐ Implant Dentistry
- ☐ Oral Surgery
- ☐ Orthodontics (Children)
- ☐ Orthodontics (Adults)
- ☐ CBCT Scans or OPG (Circle)
- ☐ Facial Aesthetics

Additional Information:

Medical and Dental History

(Please include any relevant medical or dental history that may affect treatment)


#### Preferred Method of Contact

(Please tick one)

- ☐ Phone
- ☐ Email

#### Radiograph included

(Please tick one)

- ☐ Yes
- ☐ No

#### Pictures included

(Please tick one)

- ☐ Yes
- ☐ No

Referring Dentist Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

***Thank you for choosing THE D:NTAL CLINIC @ West Brom Smile Centre for your referral needs. We look forward to working with you and providing top-tier care for your patient!***